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Vol. XII. HALIFAX, NOVA SCOTIA, JULY, 1900. No. 7.

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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
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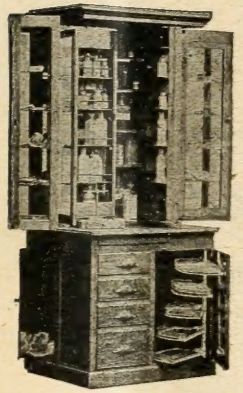

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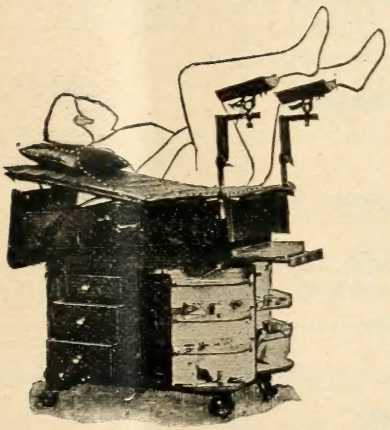

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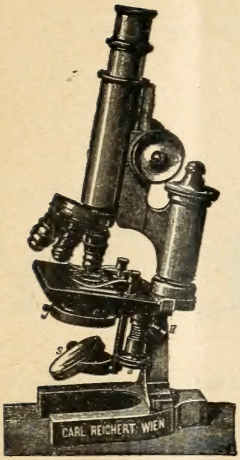

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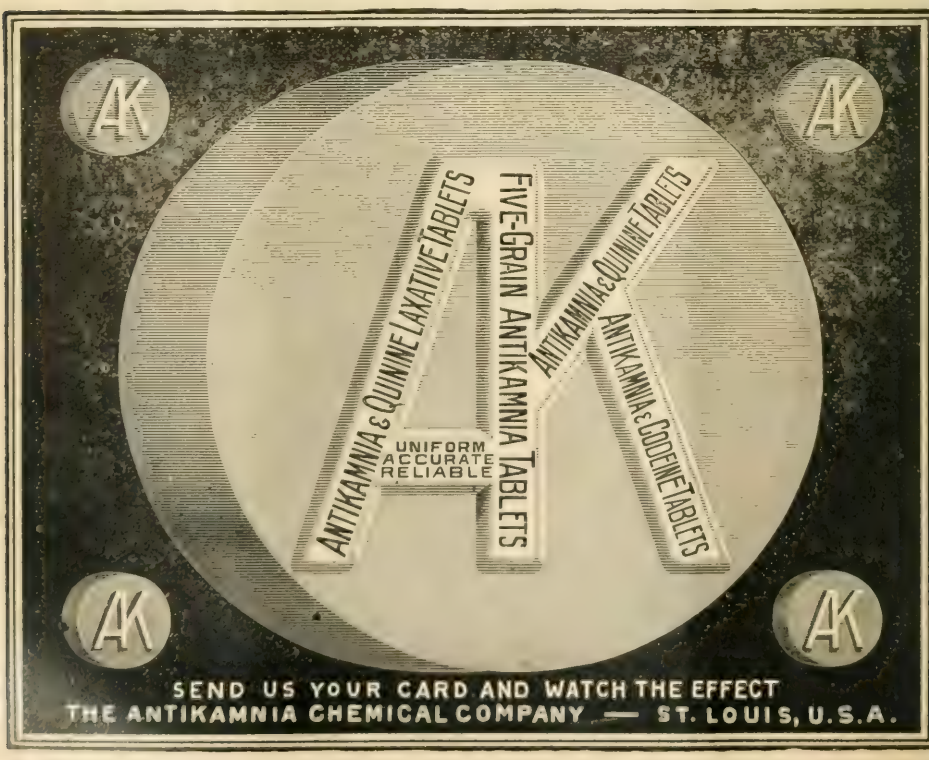

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XII. HALIFAX, N. S., JULY, 1900. No. 7.

Presidential Address.

THE MUTUAL RELATION OF THE PROFESSION AND THE PUBLIC.*

By D. MACKINTOSH, M. D., Pugwash, N. S.

It appears to me that in these periodical gatherings we are so much engrossed with the scientific aspect of medicine that we lose sight almost altogether of the ethics of our profession.

I have therefore thought it not unwise on the present occasion to depart from the traditional custom of my predecessors to devote a few observations to a subject which I deem to be of very great importance not only to the members of our profession, but also to the public in general, namely, "The Mutual Relation of the Profession and the Public."

In dealing with a subject of this kind I must necessarily say some things that would be out of place before a purely professional audience. In other words, my audience being promiscuous, my remarks must be of the same character.

I. ATTITUDE OF THE PUBLIC TO THE PROFESSION.—Let us first enquire as to the present attitude of the public towards us as a profession. Is it one of confidence and respect? If not what are some of the causes contributing to this condition of things?

That there is not that measure of confidence and respect manifested towards us by the lay members of society which we have a right to expect is painfully evident. That there is adequate reason for this is

*Delivered before meeting of Medical Society of Nova Scotia, Amherst, July 4th, 1900.

not so clear. Does the fault lie with the public, or are there elements of weakness in our own ranks to account for it? To be able without prejudice to place the blame where it belongs requires careful discrimination.

I am convinced, however humiliating the confession may be, that much if not most of this lack of appreciation which characterizes the public mind towards us is due to causes emanating from ourselves. What then are some of the vulnerable points in our professional armor that leave us open to attack?

(1). *Narrow-minded Jealousy.*—Good wholesome criticism of each other among ourselves is a legitimate practice that often results in very much good. But the pernicious habit of indiscriminate belittling of each other in the presence of the lay public is a fruitful source of that merited contempt which we so much deprecate and so much deserve.

We often meet physicians who are always ready and eager to disparage their fellow practitioners, who cannot view with equanimity their attainments or success—men who delight to magnify in others faults that are perhaps more conspicuous in themselves—who are always attributing false motives for the more generous acts of their more successful rivals; and who seek by detraction and misrepresentation to injure their professional standing. Such men, however clever they may be, can only bring contempt upon themselves as well as on the whole profession to which they are not an ornament but a disgrace.

Every medical man and layman in my hearing can recall instances of the most discreditable tactics resorted to by dishonorable members of our profession for bringing reproach on the fair fame or good name of an honorable rival, forgetting that the reproach which they seek to attach to the name of another recoils on their own heads and discredits the whole profession.

How much more honorable, how much more becoming and elevating to the profession if we should be always as ready to minimize each other's imperfections, to condone each other's faults and thus help a fellow laborer over the rough places in his professional journey.

(2.) *Misfits.*—Like every other profession or calling in life, ours is not exempt from the misfortune of misfits.

There are men in our ranks who are failures because they lack in some or all of those characteristics that enter into the general make up of a good physician.

What are some of those qualifications ? A love for his calling. A consciousness of his great responsibilities. A keen perception of human nature. A large share of sympathy for human suffering. And a competent measure of common sense. Of course a thorough knowledge of his profession is taken for granted as an essential element of success. Few medical men are endowed with all these virtues in their full development, but without a competent share of some of them we must fail to impress the public that we are fit to represent a great and noble profession. And yet I know some and have heard of many others who manifest in splendid reality these elements of a good physician.

We cannot all be "McClures" but we can all strive to imitate this noble ideal.

(3.) *Snapshot Diagnosis and Slipshod Prognosis.*—There are hundreds of people living to-day to laugh at their physicians who told them many years ago that they had but a short time to live.

There is nothing so embarrassing to the average physician as the importunities of his patients and their friends regarding the nature and issue of their illness. "What is the matter" and "will he get well" are questions that ring in our ears with ever increasing emphasis till we are almost in despair. Sometimes there is no escape from the assaults that are made on us by interested and disinterested friends, as they take up one after the other all the strategic positions on the premises as we are taking leave of our patients; and if we are fortunate enough to escape the vigilance of this advance guard it is only to be waylaid by some kind neighbor along our line of retreat. These interrogations could often be borne with Christian resignation were they not put with the same sublime indifference as questions regarding the weather or a dog fight.

There are times when it is the undoubted duty of the physician to be plain with his patients and their friends, to warn them of the probable issue when there are interests at stake demanding prompt action. But in the great majority of cases a prudent reserve will best serve the interests of patient and physician.

The candid physician is an admirable character provided his candor is fortified by sound judgment and definite knowledge. And people should know that the specific duty of the physician is to treat his patients and not their friends, although it is often more difficult to do the latter than the former.

(4.) *Commercialism.*—Medical men have rights as well as other people.

They have a right—and it is even their duty—to provide for themselves and their families. They have a right to look after their own health, although this is often a most difficult matter. And with a view to these ends they have a right to charge reasonable fees, and to take adequate steps to collect them. God knows that the conscientious physician earns all he gets and a great deal he never gets. These rights of the physician will readily be conceded. But they are only subordinate and conditional—subordinate to the interests of his patients and conditional on having performed his whole duty to those who have entrusted him with their lives. We have no right to prostitute our skill or our talents to the mere getting of money. The interests of our patients and the honor of a noble profession have first claims on us, and in so far as we depart from this line of professional rectitude we depart from the true genius of our profession, which is to relieve pain, to save life, and to practise charity.

(5.) *Misconceptions.*—So far we have been considering some of the defects in our own ranks that contribute to that lack of cordial appreciation of our services which we have a right to expect from a generous public.

For these blemishes on the escutcheon of an honorable profession the members of that profession are directly responsible. But there are other causes operating to bring us into contempt; causes for which we as a profession are not directly responsible. These causes emanate from the people themselves who misconstrue the true aims and motives of the profession. It is a strange thing but true, that every community, every society, every church, every profession is judged not by the many true and loyal members but by the few unworthy ones that are to be found in all these. That there are defects and serious defects to be found in all of us and in the best of us is beyond dispute. But that the profession as a whole is actuated by unworthy motives is a charge to which we plead "Not Guilty."

There are other things we count dearer than fame or money or comfort. We have characters to maintain untarnished; we have reputations to build up and guard; we have the honor of a noble profession to uphold. These are heritages that money cannot buy—that selfishness and unmanly bickerings cannot give us. The true physician would rather die a poor man with an approving conscience and the benediction

of some fond mother whose son or daughter he had helped through a critical illness than die rich in filthy lucre despised by those whom he had despoiled—whose last dollar he had taken for services of doubtful value rendered only with a view to his own personal interests.

Even when we come to these society meetings our motives are misconstrued. Some people say we meet to devise ways and means for the betterment of our material interests—to discuss fees and finances. Although we might very properly devote a part of our time at these meetings to a discussion of these and kindred topics, although we would be within our own rights in safeguarding ourselves against ungrateful and unscrupulous patients who sometimes try to defraud those who had been instrumental in rescuing them from the perils of their own indiscretion—without I say relinquishing any rights which we may have in protecting ourselves against rogues and robbers, I am proud to be able to say that these are not the themes that occupy our minds on occasions like the present.

We meet for the mutual exchange of practical ideas that may be of service to us in the discharge of the great trust that is committed to us: that we may be the better equipped for fighting the great battle that we are waging against disease and suffering. We meet too that we may see old friends and make new ones. And as "iron sharpeneth steel" so we by rubbing against each other may sharpen our wits; and by mutual contact with each other we may learn to love what is good and noble and manly in our fellow practitioners and thus learn lessons that shall make us better men and better physicians.

Then again it must not be forgotten that there is no professional man who so much needs and so rarely can take a holiday as the medical man. Even when we do succeed in getting away from home we are not free from fear of being summoned home to minister to the fears or necessities of some poor fellow mortal unless we can go where there are no means of communication which is a difficult matter in these days of telegraphs and telephones.

Then there are in the minds of the people misconceptions as to the nature and scope of the science of medicine. The public generally know less of this than of any other science. And this lack of knowledge is the origin of many superstitious notions even among people who are otherwise well informed: and is largely responsible for that unfortunate craze for quack medicine and quack doctors which in our day has assumed the proportions of an epidemic. Anything partaking of the

nature of humbug has a peculiar fascination for many people. A patent medicine advertisement surmounted by the picture of a Red Indian with feathers in his head, or that of a man with electric sparks radiating from various parts of his naked body has for some people an irresistible charm. The charlatan who talks mystery is to them the embodiment of wisdom.

There is no mystery in medicine. The mystery is in the mind of the man who arrogates to himself occult powers, who ignores the accumulated experience of an educated profession, who vaunts his remedies as "cure alls" and preys upon the credulity of an afflicted public with no other object in view than how much money he can get out of them.

Time would fail to even enumerate the false notions in the minds of the people as to the scope, the aim and the objects of the science of medicine. Perhaps one of the most common and the most baneful in its effects is the idea that every disease has definite symptoms and is labelled with its antidote and that all the physician has to do is to find out the name of the disease, apply the antidote and cure the malady. Nothing can be further from the truth than this idea, and the more enlightened the people become on this point the lighter will be the burden of the medical man. Let them learn that the great majority of diseases run their course and terminate by a natural process without medicine; that many diseases have many symptoms in common; that it is only after patient waiting and watching that they can be differentiated: and that in many cases a diagnosis can be made only in retrospect. They should know that after all nature is the great healer and that our business is to assist her in her beneficent designs; to study the patient rather than the disease, to learn his peculiarities, to adopt our treatment to the conditions as they arise—to relieve pain, to cheer and encourage our patient and thus help him over a crisis; or failing to do this as fail we often must, to smooth his dying pillow and show by our sympathy that if we cannot always save we can sometimes administer comfort.

II. Remedies.—What are some of the remedies for this condition of things that we have been so far considering?

(1). *Do our duty to our patients.*—The first and paramount duty of the physician is to his patient. Everything else should be secondary and subordinate. All our time if need be is his. Nothing short of the very best we can do will suffice. When the unfortunate victims of disease and suffering appeal to us for help they expect us to do our

utmost on their behalf, and the physician who suffers considerations of personal comforts or pecuniary advantage to interfere with this sacred duty is not worthy of his high calling.

It is to be feared that too many of us transgress the tenets of our profession by a too solicitous regard for our own comforts and even for our own personal dignity. Dignity is a commendable ornament to carry around with us when we can do so without detriment to the interests of our patients, but when life and death are at stake—dignity to the dogs!

When duty calls, no consideration, social, personal or pecuniary should stand in the way. To do good and practise charity is the gospel of the medical man.

(2). *Maintain the honor of the profession.*—Ours is a noble profession, and if we would merit the respect of the lay public we must respect ourselves. To this end it is not enough that we comport ourselves in such a manner as to be above reproach. We must qualify ourselves for the great responsibilities that rest upon us as a profession. We must maintain the highest standard of professional education consistent with our opportunities and limitations. We must be scientific physicians as well as moral men. We must discountenance quackery in our ranks as well as out of our ranks. There are many charlatans practising under a regular diploma and protected by a certificate of registration: men who degrade their high calling by pandering to popular applause, by resorting to illicit and irregular methods for gaining practice or position. It is the duty of an enlightened and united profession to frown down anything and everything that savors of meanness or professional misconduct. Not until we rise above the strife and meanness and chicanery that disfigures the noblest of all professions—save one, not until by self-sacrifice and professional uprightness we prove ourselves worthy shall we receive that due measure of public recognition which we so much long for.

(3). *Educate the people.*—Could we succeed in eradicating from the public mind the various forms of error regarding the theory and practice of medicine we would succeed in removing one of the most effective barriers to our individual usefulness, as well as one of the chief causes for that lack of cordial appreciation of our merits as a profession to which I have already adverted. That this would be a task of herculean proportions I readily admit, but a due appreciation of its importance, a just conception of our responsibilities as public educators, would remove many a difficulty. Our spheres of usefulness are not limited by our

daily routine of seeing patients and prescribing for them. We must educate them. Our daily contact with the people and our intimate relation to them as family physicians gives us many opportunities of imparting instruction on matters medical. Much information can be given without compromising the private rights of the physician or the dignity of the profession. Some of the medical journals are advocating popular addresses on medical topics on the evenings set apart for the expensive and useless banquets. I commend this to the earnest consideration of this society.

It is not enough that we do our best to lift up the people to a higher plane of scientific medical knowledge. It is our business also to instruct them in the laws of health—to teach them temperance, temperance in eating and drinking,—temperance in the indulgence of those organic functions, the abuse of which makes so many moral and physical wrecks. It is our duty to show the people how to restrain their passions by restraining our own, to elevate the standard of moral and physicial purity, the fostering of which is an earnest of the highest type of manhood and womanhood. In order to teach purity the medical man must be pure himself—pure in thought, pure in word, pure in act. So that by practice as well as by precept, he may win the confidence and esteem of those with whom his daily rounds of duty bring him in contact. The churches are sending medical missionaries to the heathen. There is much need for them at home. It is our duty to preach as well as to practise.

(4.) *Be Good Citizens.*—Passive obedience to law and order does not alone constitute good citizenship. There must be active work for the good of the community.

There are many social and domestic problems with which the physician is peculiarly qualified to deal. His intimate relations with the members of society as family physician give him many opportunities of learning the secret vices that are sapping the foundations of the social fabric. It is not enough that he should warn privately those whose follies are undermining their physical constitutions. It is necessary sometimes that public action be taken to protect society, and especially the youth of our communities against contamination and vice. Even the refinements, so called, of modern society sometimes require the veto of the physician. We should have the moral courage to denounce what is debasing and dangerous in social life and customs. The physician should also identify himself with all measures looking to a

betterment of the intellectual, educational, industrial, and recreative pursuits of the people.

In order to be a good citizen it is not necessary that we be politicians. I think the best interests of the profession as well as society would be served by abstaining from active participation in political strife.

The physician is sometimes appealed to by aspirants for political honors, to use his influence in their behalf. I think a proper conception of our relation to our patients forbids us taking advantage of this relation for the purpose of influencing free choice or free action. The average physician cannot afford to be a politician. He has a right to think, to discuss men and policies and even to vote that he may promote good government; but to be an active partizan is against the genius of our profession.

Of course there are bright and shining lights in our ranks who may and ought and do enter the arena of practical politics. The interests of the profession and the public demand their presence in our legislatures.

Some distinguished physicians have become distinguished statesmen. Such men reflect credit on the profession, and are better representatives because of their intimate acquaintance with the frailties of human nature and the wants of the people.

III. Attitude of the Profession to the Public.—Whatever difference of opinion there may be as to the attitude of the public towards the profession, there can be no doubt as to the converse of this.

The history of medicine from remote ages down to the present time, proves beyond cavil that this attitude is one of unselfish devotion to the best interests of the people.

The unprecedented progress in medicine and surgery during the last half a century attests the unwearied industry of patient investigation in every department of medical work. But it is not necessary to go outside of the rank and file of the busy workers in our profession to find proof that the life of the busy practitioner in city and country is one of unceasing toil for the good of others. But if further proof were needed to show the unselfish character of our attitude as a profession, it will be found in the stand we take on the question of preventive medicine.

I think it safe to say that there is more effort put forth, more brain work expended, more privation endured, more heroism manifested by patient workers in this department of medicine than in all the other departments combined. And rightly so because we can save more lives

by prevention than by cure. And why all this patient labor and research? To open up new avenues of wealth for the practising physician? To devise new schemes for getting into the pockets of the people? No! It is a labor of love. It is work undertaken without hope of reward except the reward that comes to us in common with the other citizens of the commonwealth through the increased security to life and health as the result of sanitary reform.

It will readily be admitted that the more disease there is among the people the greater the source of revenue for the doctors. If then as some people say, the doctors are concerned only about matters affecting their own pecuniary interests, why do they toil and plead for measures to prevent and suppress disease? The present state of sanitary law and quarantine in all civilized countries is a standing testimony to the unselfish character of the medical profession.

I have seen it somewhere stated that altruism is the foundation of all sanitary science and law. To the medical profession is due the credit of initiating and putting into operation all practical measures for the prevention and suppression of preventable disease in every country where sanitary laws are in practical operation. What would be the condition of our country to-day if these safeguards and restrictions were withdrawn? We enjoy comparative immunity in our homes to-day because there are faithful watchmen ever on the alert to raise the danger-signal whenever and wherever we are threatened with an outbreak of the ordinary contagious and infectious diseases that are always lurking in sporadic form in various parts of the province, as well as the more virulent epidemic that threatens us from abroad.

IV. Mutual Cooperation for the Common Good.—In order that there may be mutual cooperation there must be mutual trust. Do we as a profession merit the confidence of the lay public? Do we discharge in full the responsible duties of our high calling?

The relation of the physician to his patient is a sacred one. Do the people fully realize this relation? The family physician is not only the custodian of your physical health and well-being but also of your family history. He is the father confessor to whom are committed the dearest secrets of your life. To him are known your secret vices and your worthy and unworthy motives. And yet many people dismiss their physician as they do their grocer or their butcher. They treat their physician on the principle "for value received." I pay my doctor

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as I pay my hired man ; and when my ends are served I dismiss him with the same scant courtesy. This principle is vicious as well as false. The correct principle would be : " for services which cannot be computed in dollars and cents I contribute of my means to help my doctor to live, and knowing as he does my secret life I shall ever esteem it my privilege not only to show him my gratitude but to retain his friendship."

What is your life worth ? And yet some people treat their physician as if it were not worth very much.

Is there any reason for this condition of things ? Do any of us basely betray those private and family secrets that come to us through our relations with our patients ? The pertinent, and I had almost said impertinent questions put to us by anxious enquirers regarding the troubles of their neighbors sometimes lead the unwary physician into forbidden liberty with the sacred rights of those whose misfortunes compel them to lay bare to him the secrets and the motives of their lives. Let us guard this sacred trust and so merit the confidence and esteem of the public.

I have already adverted to the work of the medical profession in the field of sanitary medicine. Notwithstanding this work and the comparative immunity of our province against preventable disease there remains a great deal to be done along these lines. And it is only through the active and intelligent cooperation of the people that this work can be successfully accomplished. In order to secure their cooperation the public must be instructed not only regarding the necessity for sanitary regulations but also as to the reason for them. I meet people every day who deny the infectiousness of such diseases as diphtheria and typhoid fever. These people have the audacity to advance their opinions against the accumulated experience as well as the scientific knowledge of all ages. Our first duty then is to remove these gross errors and thus prepare the public mind for submission to legal enactments for checking those diseases, as well as for active cooperation with the medical profession and the health authorities for putting these regulations into practical operation. Our Provincial Board of Health under the chairmanship of the indefatigable Dr. Reid is doing valient service in this department of work, not only in guarding against epidemics but also in enlisting public and professional sympathy and cooperation. Do they receive from their fellow practitioners or the public the encouragement and assistance they deserve ? Notwithstanding this apathy there are not

wanting evidences that the trend of public opinion as manifested through our representatives in parliament is in the direction of a recognition of the necessity for definite action to promote this very important branch of the public service.

It has always been a puzzle to me whether our legislators should lead public opinion, or whether public opinion should lead our legislators. One thing, however, is certain, that when public opinion demands reform of any kind our legislators must bow to the mandate of the people. The logical inference then is let the profession educate the people, and let the people educate their representatives, and let the representatives give us legislation.

The great desideratum in this province as in other provinces, is adequate funds for putting into practical effect regulations and laws already on our Statute Books. But we have no right to demand legislation involving the expenditure of public money, unless the people are prepared to endorse such legislation. The medical profession are a long-suffering profession. We devote a large portion of our time to gratuitous work. And although we are always ready to respond to the call of charity, there is a limit to our forbearance. Is it fair then after we have spent much time in devising sanitary measures which are primarily for the public good, to ask us to do municipal or departmental work for nothing? Boards of Health, Sanitary Inspectors and other officers whose duties are not only responsible but sometimes onerous, are entitled to some remuneration for their services. A healthy public sentiment on this aspect of the case would secure for us legislative and municipal recognition.

We are not unmindful of the fact that our influence and representation in this direction are not without some effect. It is gratifying to know that our Federal and Local authorities are awakening to the importance of this branch of the public service. This is evidenced by the fact that the authorities at Ottawa last year sent a delegate—one of the leading members of the profession in this province, to the Congress on Tuberculosis which met in Berlin. Dr. Farrell's report of that convention has been circulated among the members of the profession and others. It is a succinct resource of the proceedings of that convention and their conclusions on the subject of tuberculosis, and this society could not better contribute to enlighten public opinion on this subject than by causing copies of this report to be more generally distributed among the people.

We hail also with pleasure the act of our Local Legislature by which they have appropriated a sum of money for the erection and maintainance of a sanatorium for tuberculous patients, also for sanitary inspection in the various municipalities of the province. This latter will help pay the expenses of those officers, should their duties call them into the more remote districts of the counties. These are pledges, we hope, of better things to come, but they are not enough, we want more, $15,000 is not enough to provide accommodation for all the patients that would take advantage of sanatorium treatment.

Then again we want a Bureau of Vital Statistics. Year after year the attention of this society has been directed to the importance of this matter, and year after year representations are being made to our legislature to have this defect remedied, but without avail. I am not aware that any united action has been taken by resolution of this society. A venture in this way might prove more availing.

The subject of tuberculosis is one of transcendent importance and now that it is recognized as a contagious disease, it is essential that definite steps be taken to enlist public cooperation in our efforts to abate its ravages.

Last year a very able paper on this subjest was read before this society by Dr. A. P. Reid. In this paper the author deprecates the lack of interest manifested by the profession generally on the subject. This charge is well taken; upon the members of the profession rests a tremendous responsibility in this respect. To us are committed the most vital interests of the people—the lives and well-being of their friends and loved ones. Let us rise to a due sense of this responsibility for not till then can we hope for much progress to be made.

That vast and almost insuperable obstacles to a general diffusion of knowledge on the subject of sanitary science present themselves is a lamentable fact. Notwithstanding these difficulties—difficulties arising out of lack of education, and the prevelance of superstitious notions, there is much that can be done by the physician in his private intercourse with the people to enlist their sympathies and enlighten their minds in behalf of such measures as are necessary for carrying out preventive measures against this fell destroyer of the youth and flower of our land.

Then again we want a thoroughly equipped laboratory for Bacteriological investigation. No Board of Health can carry out any adequate system of sanitation without this. Our Board are doing what they can

under very adverse circumstances ; and to Dr. Hattie under whose charge this department is, are due the thanks of this society, for his faithful services and courteous consideration. But to make this or any other department of public health thoroughly effective, we must have funds. How are we to obtain these funds ? Either from private philanthropy or from the state. Private philanthropy is not cosmopolitan enough in its sympathies to be depended on. Public Health is of universal import. Every man, woman and child is affected for good by the enforcement of sanitary regulations. It is therefore but right that all should contribute in order that its provisions may be properly administered. A direct tax would not be popular in the present temper of the people. The only alternative then, is the ordinary revenues of the state. How are we to secure legislation to this end ? By enlisting public sympathy and cooperation.

A word or two regarding the work of the Provincial Medical Board. This Board is doing good work in guarding our ranks against inferior recruits, and in protecting the public against irregulars. But their hands are tied, first, for the want of funds, secondly, for the want of public sympathy. The public charge that the crusade of the regulars against quacks and the vendors of nostrums is begotten of selfish motives. We repudiate this charge. Every medical man knows and the public ought to know that if these charlatans were left unmolested the carnage that would follow would add materially to the practice of those that are fighting to suppress them. We are fighting them not because they interfere with our business, but because they are a menace to public health and life ; not because we want to protect the profession but because we want to protect the people. We want the sympathy and support of the people in our laudable efforts to rid our country of this pestilence. For while public sympathy is with those who defy the law it will be impossible to get evidence to convict the law breaker. Every physician and every layman in my hearing can testify to numerous instancesof irreparable loss of heal thand some instances of loss of life clearly traceable to the gross ignorance or culpable presumption of those sharks who go about seeking whom they may devour.

The Provincial Medical Board are doing what they can to exterminate these enemies of the public health, but they want funds to prosecute and evidence to convict. These prosecutions are for the public good. The public should encourage our efforts and by sympathetic cooperation help to put down fraud and deception.

The medical man has much to contend with in his efforts to promote public good. Among these difficulties there is none more discouraging than lack of public sympathy. But in the midst of our discouragements we are not without hope that with an enlightened public sentiment on our side, and a united medical profession to work, our efforts will ultimately be crowned with success. And then with antiseptics and antitoxins and sanitation and sanatoria and quarantine laws and well paid officers to administer them there shall be universal health and men shall die only because they will be too old to live.

THE NECESSITY OF PROPER SANITARY CONDITIONS IN OUR PUBLIC SCHOOLS.*

By D. N. Morrison, M. D., Oxford, N. S.

Having been requested to write a short paper for this meeting I was forcibly impressed with the importance of the subject under consideration. Having had no literature bearing on the subject within my reach, the contents of this paper is simply what I have learned from personal observation. The promotion of school hygiene requires special efforts. Every phase of child life is an absorbing and a most difficult problem to carry out so as to produce the best type of national life. No sane person will dispute but that the proper development of the physical, moral and intellectual natures of our school children is preeminently essential to the well-being of our communities and the prosperity of our nation. I do not claim to be able to say anything new upon the subject of school sanitation but I do contend that as medical men we have been hitherto in a sense negligent in our duty towards the rising youth of our province, in so much as we have not with more zeal and energy endeavored to bring about means which would enlighten public sentiment on the question of school sanitation. It must be obvious to the most casual observer that the health of our school children is seriously endangered for want of the appliance of sanitary precautions. The strength and prosperity of our fair province is so interdependent and intertwined with the healthy condition of our school children that the subject must necessarily become one of vital importance. A sound mind in a sound body is a pillar of strength to the state. During the last few years considerable agitation has been going on concerning the spread of the much dreaded and fatal disease consumption. Our government having been forced to recognize and weigh the serious danger of this infectious disease took practical steps to intercept the insidious progress of its fearful ravages. It can be said without fear of successful contradiction that on account of the unsanitary conditions of some of our school-buildings and their surroundings the incipient stage of consumption and other diseases is fomented and the healthy children are placed in a precarious atmosphere owing to surroundings and circumstances

* Read at meeting of Medical Society of Nova Scotia, Amherst, July 4th, 1900.

by which there is imminent danger of contracting disease. The communicability of contagious disease from one child to another is beyond doubt and as they grow up to be men and women the hereditary taint of the disease is transmitted from one generation to another with increasing virulence; particulary striking is such the case where there are inter-marriages in consumptive families. In order to counteract a great deal of this positive danger let us as medical men, who are to a certain extent public benefactors and interested in the welfare of the rising youth of our country, move with promptness to the necessity of the hour and cope with this very difficult and serious problem in a practical and far-reaching manner.

The inference to be drawn from what I have said thus far is that the sanitary condition of our public schools is not up to the desired standard of excellency. Allow me to mention some of the principles and facts which contribute largely in retarding and promoting school hygiene, which for convenience may be arranged under the following divisions, viz:

1. Location of school-house with plan and arrangement of the building.
2. Ventilation and heating.
3. Drainage and outhouses.
4. Water supply.
5. Contagious disease.
6. Sanitary supervision.

Location of School-House with Plan and Arrangement of the Building.—In selecting a site for a school building a healthy location is of primary importance. The neighborhood of ponds, dampness and noises should be avoided. The social character of the neighborhood and its immoral nuisances are also to be considered. Every school-house should be built on a raised wall—a solid foundation. One of the most essential things in a public school is sufficient light. At least two adjoining sides of the building should be freely exposed to light and air. The size and architectural arrangement of the school-building should have in view the health and comfort of the children. There ought to be a spacious and well laid out play-ground in a proper sanitary condition. In some country schools there is too much economy at the expense of the children's health. As a rule the buildings are too small and the play-ground is insufficient in size as well as crude in appearance.

Ventilation and Heating.—This is one of the most important topics and one of the most difficult connected with school hygiene. There is certainly a lamentable lack of knowledge on the part of ratepayers and sometimes teachers on this vital subject; more especially is this the case in a number of country schools. People in general are not yet agreed on and what constitutes good ventilation. The advantage of having rooms of sufficient dimensions is two-fold—it enables the introduction of a proper supply of fresh air, without so much danger of draughts, and since a large roomful of fresh air lasts longer than a small one there is increase benefit from the practice of airing the room by windows and doors at recess times. Good ventilation implies that cold draughts from open windows are corrected—it also implies a rapid change of air with an equalizing of the temperature, so that the feet are kept warm. In such a state there is increase activity of the circulation and of the change of bodily tissue; consequently, a perceptible condition of bodily warmth. The purity of the source of air cannot be too carefully guarded. Precautions should be taken against the danger of doing harm to some children by the sudden incoming draughts of cold air, while the rest of the school may be quite comfortable. One prevailing idea is that the carbonic acid is the agent which is chiefly poisonous and that it seeks the lower level. It is quite possible that the animal vapors and effluvia from skin and lungs are more dangerous. I think the process of ventilation becomes not only a removal of the exaled air, but also a free dilution by the introduction of fresh air. Scrupulous cleanliness of the cellars and underneath the flooring is necessary as well as within the classroom. Every school-house should at least have an air space underneath the floor with openings in the wall or underpinning to give free scope for thorough ventilation during the summer months. The culpable negligence on the part of school ratepayers in not providing sanitation for the underneath portion of the school-building is to be deplored. I regret that I have had to notice on more than one occasion even the mud and saw-dust for winter banking left intact during the summer months, thereby preventing the purifying influence of free fresh air. The heating should be so constructed and planned as to produce a uniform degree of heat throughout the whole room.

Drainage and Outhouses.—Thorough drainage promotes health, and in some cases there is very much room for improvement in this respect. I think the most of you will agree with me that many of our

country schools are very poorly provided with out-houses. In some cases this is the last thing attended to. This is a part of school hygiene that is in a deplorable condition. I am absolutely certain that the unsanitary state of the out-houses in connection with a number of our public schools is a menace to the health of the children both physically and morally. In the building of these necessary structures, cheapness is the first consideration. These buildings are in most cases in a very imperfect state of sanitation owing to size, ventilation, want of repairs and thorough cleanliness. There should be three separate out-houses in connection with every school-ground—I mean separate buildings, one for the boys, one for the girls and the third for the small children.

Water Supply.—It is of the greatest importance to the school children that the supply of drinking water be of unquestionable purity. School trustees should see to it that the water supply is wholesome and protected from contaminating influences.

Contagious Disease.—There is little need to enforce by arguments the necessity for careful supervision in preventing the spread of contagious disease in schools. Our school regulations and municipal authorities are alive as to the urgent need of taking precautionary measures on the subject. With the pretty general feeling that the matter of complaint is not an imaginary one there should be no difficulty in bringing heedless and ignorant transgressors to a sense of their duty in this respect. In addition to the foregoing divisions there are other potent factors under our school-management which favor the propagation of disease. The school life is capable of doing much harm to the mental and nervous life of scholars and indeed the moral life is far from being exempt from danger. It is a grevious complaint of teachers and scholars alike that the time of year when the work is heaviest is the spring and early summer, the season of review, examinations, grading diplomas and prizes, all of which is made more trying by spring sickness and heat of summer and the lassitude and nervous depression peculiar to that season of the year. The present course of school studies is doubtless prejudicial to the health of children especially between nine and sixteen years of age, owing to excessive demands upon their growing energies.

In some cases the character of the social element materially affects the health of a certain class of pupils. It would not be amiss to mention that sundry superfluities of dress and tight lacing is not favorable to the proper

physical development. In some country schools bodily growth is impaired and deformity is produced by deficiency in the construction and arrangement of desks and seats which are far from being suitable for the different grades of pupils. The results are stooped shoulders, compressed lungs, spinal irritation and other ailments which such conditions will certainly bring about.

SANITARY SUPERVISION.—Now as a corollary to all that has been said it is worthy of the attention of this society to consider how the serious mistakes in school hygiene can be best corrected and the facts can be made operative in and upon our public schools. It is our bounden duty to exert every effort and to make use of every possible legitimate means to improve and uphold the proper sanitary conditions of our public schools. In promoting school hygiene, the school atmosphere will become better adapted for mental work. The inherited tendency of certain diseases preying upon the constitution of that class of children will be resisted and proper protection will be rendered to those children who are fortunate enough to be possessed of a sound body and good moral character.

I would suggest as a remedy the solicitation of the government to appoint a committee consisting of the Provincial Board of Health and an equal number from among the leading educationists of the province to consider in full the matter of public school sanitation, and after mature deliberation of the subject on the part of said committee to empower them to write a short manual on school hygiene which might be conveniently used as a supplement to the present health reader. In order to further diffuse a knowledge of school sanitation among school ratepayers important chapters bearing directly on the duties of school officials might be inserted in the "Journal of Education." In addition to the foregoing it would be both practical and profitable for the government to appoint suitable sanitary inspectors who understood the onerous duties pertaining to their office and who could be depended upon to faithfully discharge their duties.

THE PREVENTION OF TUBERCULOSIS.*

By John W. Flinn. Kingman, Arizona.

Mr. President and Gentlemen :—

To accomplish any practical results in a discussion of the prevention of tuberculosis, it seems necessary, not to instruct the members of the medical profession, but rather to arouse them from an attitude of marked apathy and indifference. The profession is guilty of neglect, rather than of ignorance.

The number of deaths from tuberculosis in England, in 1890, was 70,000 : in the United States, in 1894, was 133,000 ; in France, 150,000 ; annually fall victims to this disease. In the State of New York alone, the number of deaths from tuberculosis amounts to nearly 14,000 annually while 46,000 others have their lives rendered more or less useless and miserable by this dread disease.

The total casualities among the British, in the present Boer war, number less than 25,000, after eight months of hard fighting.

If " war is hell" what is tuberculosis ? Are there not other things than war which are calculated to " stagger humanity ? "

Moreover, the actual annual death rate from this disease represents only a fraction of its curse. Consider the years of uselessness and suffering, which it entails on its victims, during the brightest and most useful period of human existence ! Think, for a moment, of tho poverty it forces on these hundreds of thousands of human beings, through their inability to work ; and of the fetters with which it handicaps their children, in the race of life ! When one considers facts, such as these, it begins to dawn on one that there are ways in which one can serve home and country, other than by carrying a rifle on the hot barren veldts of South Africa.

That tuberculosis is preventable is agreed by all. That on the members of the medical profession individually—each in his own field of practice—devolves primarily the duty of preventing this disease, is realized by very few. It is quite true that stringent laws are necessary, in regard to the collection and sterilization of all sputum, the inspection of milk and meats, and the disinfection of houses. Before these can be enacted and enforced however, the laity must be educated

*Read at meeting of Medical Society of Nova Scotia, Amherst, July 4th, 1900.

in regard to the importance of such measures. It is this duty, that of public educators—a duty which devolves on each member of the profession individually—that we are so woefully neglecting. How can the public be expected to guard against this evil, if they are ignorant of its nature and extent? From whom can they expect instruction if not from their family physicians?

In educating the public mind, four chief means are at our disposal, the secular press, the public platform, the social club and the consulting room. The first two can be best made use of, through the direction of a representative committee of each medical society. To each individual practitioner must be left the task of using the third and fourth means.

Let each medical society appoint a special committee, whose duty it shall be to disseminate knowledge on this important subject, in the society's district. This committee can arrange to have printed, in every newspaper published in the territory, from which the society draws its members, a series of well written articles, setting forth in plain forcible language the nature, cause and extent of this disease, with the best means for its prevention. In addition, the committee will arrange for, at least, one public meeting in every city, town and village in the society's territory, to be addressed by the local practitioner and other members of the profession along these lines.

At these meetings, committees of the citizens of the locality might be named to further study the subject and devise and employ means to put into practice the suggestions of the speakers. Finally let each practitioner, in every country, constitute himself a committee of one, and impress upon that committee his duty to disseminate knowledge on this subject, in the daily routine of his professional and social life. Such a subject should be an excellent one for the consideration of the social clubs of his community under his guidance.

Above all, let him in his consultation room, take infinite pains to impress and re-impress upon those of his patients, who are affected with tuberculosis, the necessity of very careful attention to those measures, which will prevent the infection of others and the re-infection of themselves.

If such a course of instruction, as has been indicated, be offered to the public annually, for a very few years, it will institute such a crusade against this disease, that not even the tubercle bacillus, tenacious of life as it is, will be able long to withstand it. The task is a large one, but the need is very great.

THE
MARITIME MEDICAL NEWS.

VOL. XII. JULY, 1900. NO. 7.

Editorial.

THE MEDICAL PROFESSION AND THE PUBLIC.

The president's address is always a feature of our medical meetings to which much interest attaches. The president, as it were, is on his trial, and by the character of his address, is his fitness for the honour bestowed upon him judged. At the Amherst meeting Dr. Mackintosh was easily equal to the occasion. He presided in a manner eminently acceptable to all present, and his address, which we have the pleasure of publishing in the present number, was a model presentation of a subject of great and growing interest to every member of our profession.

We could say much in commendation of what Dr. Mackintosh voiced in his very excellent address, and we could say but little by way of criticism. But the address speaks for itself, and we trust that everyone who was unfortunate enough to be absent from the meeting will read it as published in the NEWS.

Dr. Mackintosh sets a high standard for the physician, but it is not so high that everyone may not attain to it, and everyone should do so. The solution of the whole problem of medical ethics after all rests in a strict observance of the golden rule. And, as Dr. Mackintosh rightly contends, the success of the individual is only to be assured by the success of the profession, so that he who most conscientiously strives to do unto others as he would have others do to him, really benefits himself while he benefits others. Alike, in quality, to mercy, strict observance of our so-called rules of etiquette is twice blessed.

One other point only have we the space to touch upon, and that is the reference Dr. Mackintosh makes, under the head of "Mutual Co-operation for the Common Good," to the work of our Provincial Board of Health. This body has been accused of indifference and inertness. It is doubtless true that it might have shown greater activity. But members of the board complain, in turn, that the board gets scant encouragement from the

profession; that in any effort it has made on behalf of the public health, the support from the body of the profession has been practically *nil*. There can be little doubt but that active co-operation on the part of the profession, with the Provincial Board of Health, would lead to that body being put upon a much more efficient footing than it now is, and would give us a correspondingly more satisfactory health service than we now enjoy.

We congratulate Dr. Mackintosh upon the success of his presidency, and upon his very able, practical and interesting address.

THE ANNUAL MEETINGS.

The Medical Society of Nova Scotia, which held its proceedings at Amherst on the 4th and 5th inst, will be remembered by those who were fortunate enough to be present as probably the most successful in the history of the Society. The number who registered reached 60—a creditable showing and a record breaker. Having been present at every meeting for some years, the writer is therefore in a position to judge. Some of the papers, for originality of ideas and thereby the cause of most interesting discussions, must have given the writers considerable pleasure —and rightly so. It would be agreeable for us to mention some of the papers referred to, but we consider that such an action would not be wise. These papers will be published in the columns of the NEWS from month to month, and we will leave it to our readers to determine the merits of each. The discussions were of a most profitable character, and just here it is well to give the secretary every credit for detailing certain phases of the discussions to different members. In that way time was saved and repetition prevented.

The Society was honored with the presence of Dr. James Bell, of Montreal, professor of clinical surgery at McGill University, and one of Canada's foremost surgeons, who read an able paper and took part in the discussion in surgery.

The sad death of Hon. A. R. Dickey cast a gloom over the meeting and prevented the social part of the programme from being carried out in all its details. However, if the Society were only entertained with a small proportion, it is difficult to realize what the climax would have been. The banquet, though quietly arranged, was an exceedingly creditable function, whilst the menu card was a revelation of originality and a credit to the printer's art. The Cumberland County Medical Society,

and particularly that prince of hosts, Dr. C. A. S. McQueen, chairman of the committee, can well be congratulated on the manner in which they cared for their guests. In this issue we publish a rather full account of the proceedings.

Space will not permit us publishing in this issue an account of the recent meeting of the Maritime Medical Association, held at St. John. We must defer this for our August number. The meeting was eminently successful from every standpoint—papers and discussions, number in attendance and social entertainment. Dr. Geo. E. Armstrong, of Montreal, associate professor of clinical surgery at McGill University, who has before honored the Association with his presence and experience, read a most interesting and valuable paper on "Gall Bladder Surgery," illustrated with specimens and diagrams. Dr. A. Lapthorn Smith, of Montreal, the well known gynæcologist, gave an able address when discussing "Retro-displacements of the Uterus," chiefly from his own extensive experience. Our grand old man, Dr. Wm. Bayard, delivered a most comprehensive address on "Preventive Medicine," in which department he has worked laboriously for many years.

The Association was favored with the presence of four lady confreres, who manifested their interest by their presence at the majority of the sessions.

The number who registered surpassed any former meeting, viz, 90. Our own city sent even a larger delegation than on any previous occasion.

No more popular or deserving selection for the president-elect could have been made than that of Dr. W. S. Muir, of Truro. His attendance and interest in medical societies should be a worthy example to others. Dr. Muir is the efficient secretary of the Medical Society of Nova Scotia, having held that office for years, so that now he will occupy two important chairs. However, this he is well able to do, not only in the literal sense of the statement, but also in the literary.

The entertaining qualities of our brethren in St. John are proverbial, though in some mysterious way they always outdo all former endeavors. The trip to Partridge Island was a very pleasant outing while what was spoken of as a lunch (we would have called it a banquet) was a truly palatable and sustaining festival. The Smoking Concert which ended the programme was a fitting conclusion to all the proceedings—not that we are advocates of the soothing weed, but on this occasion members met with cordial friendship, enjoying the different parts of a varied entertainment, and departed with pleasant recollections of those whose hospitality knew no bounds.

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1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

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3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterized by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

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4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

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Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.

The thirty-second annual meeting of the Medical Society of Nova Scotia was held in the Hall of the Parish House, Amherst, on the 4th and 5th of this month. The number who registered their names, viz: 60, was the largest in the history of the society.

The meeting was called to order at 3 p. m. on the 4th inst, the new President, Dr. D. Mackintosh, of Pugwash, being introduced by the retiring President, Dr. John McMillan, of Pictou.

The Secretary, Dr. W. S. Muir, then read the minutes of the last annual meeting.

Dr. C. A. S. MacQueen presented the report of the local committee of management, adding that through the sad death of Hon. A. R. Dickey, some of the entertainment would necessarily be curtailed.

Dr. MacQueen then moved the following resolution:

Resolved—That the Medical Society of Nova Scotia assembled at Amherst this 4th day of July, 1900, have heard with profound regret of the sudden removal by death of the Hon. Arthur R Dickey.

That they desire to place on record their appreciation of the loss their sister profession has sustained in the taking off in his prime one of the foremost jurists of the country.

That they also express their conviction that his decease is the extinguishing of a brilliant light, his business, literary and social standing being of the highest character.

And be it further resolved—That this Medical Society do hereby tender their sincerest sympathies to the family and relatives of the deceased.

Resolved also, that a copy of this resolution be transmitted by the Secretary to Mrs. A. R. Dickey and the Hon. Senator Dickey.

Dr. J. F. Macdonald seconded the resolution with much feeling.

A communication from Sir Charles Tupper regretting his not being able to be present was read.

A communication was also read from Geo. W. Burbidge, Ottawa, the President of the Victorian Order of Nurses. Copies of by-laws and charter were enclosed, and representatives were desired from the different medical associations on the board of governors.

The annual report of the committee of the Cogswell library was then read.

Dr. M. A. B. Smith said the library was of very little use to the medical men of the province at large, there being no catalogue. He made the following motion : That it is desirable that a complete catalogue of the Cogswell library be printed and furnished to each member of the Medical Society of Nova Scotia at as early a time as possible, together with a code of rules governing the terms on which these books are loaned.

Dr. W. S. Muir concurred entirely with Dr. Smith's remarks.

Drs. J. J. Cameron and J. F. Macdonald also made remarks on the subject.

Dr. John McMillan seconded Dr. Smith's motion.

Dr. J. Hayes thought possibly some arrangement might be made to send these books to different parts of the province without having to pay postage.

Dr. Smith's motion was put and carried.

Dr. E. A. Kirkpatrick having a patient in waiting was first called on for his paper on "Cataract Operations." Patient had double cataract, one eye having been operated upon with iridectomy and the other without.

Dr. W. G. Putnam congratulated Dr. Kirkpatrick on his success in the cases mentioned.

Dr. F. S. Yorston thought the results obtained were very satisfactory.

Dr. G. H. Cox was then called upon for his paper on "Diseases of the Mastoid Process."

Dr. Kirkpatrick stated that the surgeon as often operates on mastoid cases as the specialist does. He quoted Politizer's views from his note book. A remarkable thing about mastoid troubles is, often have every symptom of the disease and you operate and find no pus. He complimented Dr. Cox on his excellent paper.

Dr. W. Huntley Macdonald referred to three cases in which he had assisted. One had been operated on 15 years ago by the late Dr. Dodge. The other ear was recently attacked and inflammation subsided under cold. After that the disease recurred in the old scar : he operated and patient recovered.

Dr. Putnam reported five cases, showing the four different types referred to. All recovered though some severe.

Dr. M. Chisholm stated that sometimes too diligent prophylaxis produces a result which we intend to avoid. Has seen it in three cases of scarlet fever. He had used peroxide of hydrogen in three cases and got inflammation of the middle ear in the three of them. He finds the application of tannate of glycerine valuable in preventing inflammation of the middle ear in scarlet fever. One case he mentioned where operation for mastoid disease in a young lady produced paralysis of the seventh nerve.

Dr. Cox, in closing, said that you must be careful in knowing the anatomy of the part. He agreed with Dr. Chisholm about the possibility of producing more trouble with peroxide of hydrogen by the evolution of gas. He thought Dr. Kirkpatrick's experience not common, that is—cutting down and finding no pus.

Dr. E. Kennedy referred to a case of mastoid disease with hemiplegia of same side; hemiplegia recovered after operation was done.

Dr G. E. DeWitt wanted Dr. Chisholm's explanation concerning inflammation increased after peroxide of hydrogen.

Dr. Cox said he had misunderstood Dr. Chisholm regarding peroxide; he thought he (Dr. Chisholm) had used it in the middle ear instead of the throat.

Dr. W. G. Putnam then read his paper on "Adenoid Vegetations of the Naso-Pharynx."

Dr. Kirkpatrick said he was much interested in this subject. Reported cases at Maritime Medical Association some years ago and now his cases went up to the hundreds. It is very important to recognize adenoids. The report of a large Deaf and Dumb Institution in Germany stated that 50 per cent. of deafness was due to adenoids.

Dr. Yorston said he operated lately with the curette and not the forceps.

The President asked Dr. Putnam regarding only partial anæsthesia in these operations, as he has been led to believe that full anæsthesia is safer.

Dr. Putnam said it was believed to be safer not to push the anæsthetic, only to produce primary anæsthesia, the operation being short and less tendency for blood to go down larynx.

Dr. Cox stated his method was much like Dr. Putnam's. Results often were remarkable.

Dr. H. H. McKay has given anæsthetics pretty often for these operations and others. He believes in producing full anæsthesia—less tendency to produce shock.

Dr. Chisholm was glad that the general practitioner was taking hold of this operation as it was not a hard one.

Dr. Smith referred to administration of anæsthetics. His experience was not the same as Dr. McKay's. There's more apt to be shock from too much chloroform.

Dr. Ross referred to inhibition of pneumogastric nerve in extraction of teeth from not enough chloroform.

Dr. D. N. Morrison referred to death before operation started.

Dr. Hayes stated he had never had any bad results from producing full anæsthesia, while he had serious shock when patient partially came out of the chloroform and then took it again.

Dr. DeWitt referred to the safety of anæsthetics in obstetrical cases.

Dr. J. F. Macdonald said it was in the primary stage that the danger took place. He generally got men and sometimes women to give the anæsthetic in the country ; women give it better than men.

Dr. J. J. Cameron said there were two phases of the question. In adenoids, generally patient is in good bodily condition, while in other conditions as in a severe burn, there is great shock before having taken the anæsthetic. He believes in adenoids and extraction of teeth, it is safer to put patient under full anæsthesia.

Dr. H. H. McKay stated that it was proved that shock or fright is apt to inhibit the heart.

Dr. McMillan referred to chloroform in obstetrics. In labor bad results were very rare, whereas if operated on afterwards might be serious. Chloroform kills by bleeding into the bowels from paralysis of bowels. Keep the brain full of blood and would always give it to full anæsthesia.

Dr. Putnam said he was slightly misunderstood. He stated primary anæsthesia, meaning to full relaxation of the muscles. He believes we have more adenoids in our own country than anywhere else.

Dr. J W. Flinn's paper on "The Prevention of Tuberculosis" was read by Dr. Muir. (Published in this issue of the NEWS.)

EVENING SESSION, July 4th, 8 p. m.—The President's address on "The Mutual Relation of the Profession and the Public," was delivered before an interested audience. (Published on page 217.)

Dr. A. P. Reid said it was with more than ordinary pleasure that he rose to move a vote of thanks to the President. The address was as plainly written as the English language could make it, and he knew if more of the laymen were present they would appreciate it.

Dr. Chisholm, in seconding the motion, stated that the scope and high moral tone of the paper commended itself to all.

Dr. DeWitt added his appreciation of the address. Those who knew Dr. Mackintosh in the class-room, knew they would hear something good and were not disappointed.

Dr. J. F. Macdonald said he would like to speak a long time on the subject. Medical men held secrets that the clergymen did not know of. He knew of people if they had heard the address, would be ashamed of themselves. The profession are doing a work that others don't know of. There are thousands of "McClures" in the country working just as hard.

Dr. Muir in rising to put the vote of thanks, said he knew they were electing a man who would do justice to the chair.

Vote of thanks was put and carried unanimously.

The President thanked one and all. He was agreeably disappointed and many a day wished he had not been appointed President of the Society. He could only thank the Society again.

Dr. Reid before reading his paper on "Recent Legislation in Reference to Sanatoria and the Public Health," made some interesting remarks regarding the subject of public health.

Dr. McMillan stated, before discussion took place on the papers, he would move the following resolution :

"That the thanks of this Society be given to the government and legislature of Nova Scotia, for their legislation last year in the interest of the public health, with a recommendation that next year legislation in reference to vital statistics be carried out, and would suggest that the Berthelon system of the nomenclature of disease be adopted.

This was seconded by Dr. Kennedy.

Dr. Smith referred to open air treatment at the Victoria General Hospital and the benefit derived.

The motion was put and carried.

Dr. A. P. Reid then moved the followlng resolution :

"That the provincial sanatorium, provided for by the sanatorium bill, be located in one of the interior valleys of the province, protected from harsh winds or fog, with convenient railway and telegraphic facilities, where there is abundance of pure air and sunlight, and that its management be placed under a qualified superintendent who shall have the authority that will make him responsible for its success ; the superintendent to be under the control of a commission or board of trustees

appointed by the government, to serve as a model for the erection of sanatoria in other parts of the province."

Dr. DeWitt seconded Dr Reid's motion. He listened with great pleasure to Dr. Flinn's paper. Has been adopting the open air treatment for the past year. In his own family had patient out in the coldest weather unless very stormy and never got such good results before. Better to look at the basement before the main structure. He believes in eight or ten years in Nova Scotia 8 to 10,000 people will die of tuberculosis unless remedied by sanatoria or other means. Must go first to the elementary schools; see that tuberculous patients do not go there no sputa deposited on the floor and walls washed once a month with bichloride. Eighteen years ago the subject of contagion of tuberculosis was voted on and agreed that it was contagious. Undrained land brings more cases of tuberculosis in Nova Scotia than from any other cause. There were three needs—damp, darkness and dirt. Astonishing to see parlors shut up for weeks which soon become filled with mould and the nidus of germs. Glad to second the resolution. Interior part of the country preferable, and does not believe it necessary to have a high altitude.

Dr. Reid's motion caused a long and interesting discussion in which a large number of members took part.

Some members felt that a motion of this kind would be interferring with the commission appointed by the government, while others thought the government would be glad to receive any suggestions from the Society.

Dr. J. W. McKay, (who is one of the commission) said they felt their responsibility. Different parts of the province were to be visited to decide on the site for the sanatorium. Then, if the commendation of the commission be not concurred in, a committee of the Society could wait on the government and criticize the location.

Dr. Chisholm moved an amendment that the matter be left to the commission. This was seconded and carried.

Dr. J. J. Cameron followed with an extremely interesting and able paper on "Why Medical Men Should be a Court of Justice in Criminal Cases," which will be published in a subsequent issue.

Dr. D. N. Morrison was then called upon to read his paper on "The Necessity of Proper Sanitary Conditions in our Public Schools." (Published in this issue.)

MORNING SESSION, July 5th.—Meeting called to order at 10 a. m.

The nominating committee which consisted of Dr. W. G. Putnam, (Chairman,) F. S. Yorston, J. Ross, C. A. S. McQueen, J. J. Cameron, T. J. F. Murphy, W. H. Rockwell, J. W. McKay, brought in the following report :—

President - - - - - Dr. E. A. KIRKPATRICK, Halifax.
First Vice President - Dr. W. H. ROCKWELL, River Hebert.
Second Vice President- Dr. J. W. MCKAY, New Glasgow.

Committee on Medicine.—A. Halliday, (Chairman,) Shubenacadie C. J. Miller, New Glasgow; N. F. Cunningham, Dartmouth; J. J. Cameron, Antigonish; F. S. Yorston, Truro.

Committee on Surgery.—J. Stewart, (Chairman,) Halifax; W. Huntley Macdonald, Antigonish; C. A. Webster, Yarmouth: J. G. MacDougall, Amherst; Joseph Hayes, Parrsboro.

Committee on Obstetrics.—E. J. Elderkin, (Chairman,) Weymouth: G. E. DeWitt, Wolfville: H. H. MacKay, New Glasgow: C. P. Bissett, St. Peter's; S. L. Walker, Truro.

Committee on Therapeutics.—F. W. Goodwin, (Chairman,) Halifax: M. Chisholm, Halifax; J. R. Chute, Little River; C. A. S. MacQueen, Amherst; H. Rindress, North Sydney.

The annual meeting is to meet next year at Halifax.

The discussion on Dr. Cameron's and Dr. Morrison's papers was then taken up.

Dr. Chisholm thought the subject of Dr. Morrison's paper very important. In Halifax the condition of sanitation in schools was deplorable. In some schools the Mead system was adopted. Some days it works and others it does not, so that some days the children breathe air from the closets.

Dr. J. F. Macdonald stated that our school-houses were incubators and distributors of disease from the dirty walls and dirty floors, especially in the country. There should be a sanitary inspector, and also see that the teachers are not tuberculous.

Dr. De Witt said hygiene was taught in schools but not thorough. Well to suggest that the common-sense principles which prevent tuberculosis should be added to the curriculum of the public schools.

Dr. Muir thought that Dr. Morrison's paper should be published in the lay press and made a motion to that effect, if endorsed by the society This was seconded by Dr. Macdonald and passed.

Dr. Kennedy referred to the Mead system in New Glasgow. It also does not work satisfactory and was glad Dr. Chisholm had commented on it. Was also pleased that Dr. Morrison's paper was going to be published in the papers. The matter of disenfecting schools regularly was a matter of great importance.

Dr. Hayes said if anything practical should be done, some resolution should be passed.

Dr. Clay moved resolution in Dr. Morrison's paper, (see concluding paragraph of paper in this issue), be put to the meeting. This was seconded by Dr. Chisholm and carried.

Dr. Muir moved a sum of $10 be given by the Society for the best essay on hygiene in the public schools, and moved a committee be appointed to carry out details and examine papers.

Drs. A. P. Reid, Stewart and MacMillan were the committee appointed.

Dr. Clay thought Dr. Cameron's paper should receive a vote of thanks from the Society. Had one experience which wasted a lot of time. Lawyers appointed on these cases did not care how the case terminated as long as they got their fees. The jury appointed on a criminal case was generally about as fit to judge a case as to decide who is fit for the kingdom of heaven. Had much pleasure in moving a vote of thanks to Dr. Cameron for his paper.

Seconded by Dr. Hewson.

Dr. A. P. Reid thought it would be a good thing to have a representative in parliament, like Dr. Roddick, to bring this matter continually before the members.

Dr. Hayes thought Dr. Cameron's paper should be published in the lay press.

Dr. Muir thought that such a step would cause the legal press to be after us. Suggested that the matter should be brought before the Canadian Medical Association.

Vote of thanks to Dr. Cameron was then put and carried.

Dr. Cameron thanked the society heartily. His object in writing the paper was to devise ways and means to put it in operation. Medical men should be a court of justice to try criminal responsibility. Our legislatures should take this matter into consideration.

Dr. Hayes again took up the matter of having Dr. Cameron's paper published in the lay press and made a motion to that effect. He believed the legal profession would be down on us but that is the only

way to thrash out the subject and educate the people. The motion was seconded and carried.

Dr. Smith concurred in the idea of bringing this matter before the Canadian Medical Association.

Dr. Clay referred to fees and cutting down fees by the government, from sick mariners, Indians and other sources. Never hear of a lawyer's fees being cut down.

Dr. F. W. Goodwin then gave his paper on "Physicians and Surgeons."

The president remarked on the excellence of the paper and would like to hear some remarks on it.

Dr. Chisholm spoke of the paper as extensive and comprehensive. Members being tardy to discuss it probably showed that the paper said everything we thought in the matter.

The president said he thought Dr. Chisholm had hit the nail on the head.

Dr. M. Chisholm followed with a paper on "Some New Remedies.'

Dr. Goodwin referred to permanganate of zinc in gonorrhœa, one grain to eight ounces.

Dr. Muir spoke of excellent results of silver nitrate on mucous membranes, as in cystitis.

Dr. Smith mentioned irrigation of the bowel in chronic Bright's disease which may be done by Kempt's tube—warm saline solution every day for an hour at a time. One case mentioned of subacute Bright's disease, who had taken methylene blue in two grain doses for months with no effect; then tried irrigation with splendid result.

Dr. Murphy said he was much interested in Dr. Chisholm's reference to carbolic acid in swabbing the uterus. Has used it in tuberculous sinuses with good effect. Has been using irrigation of hot water by Kempt's tube in cases of pelvic cellulitis and after laparotomy: it acts as a good substitute for morphia. He thinks cocaine used in the nose is apt to bring on the cocaine habit. Found antipyrin in 3 or 4% solution good in hay fever. Never had any bad effects with eucaine—can boil it without losing its effect.

Dr. Hayes stated that he had been using irrigation of rectum for some time in Bright's disease Seems to have a wonderful effect as mentioned in one particular case. After irrigation inject water and leave it there. In cystitis found salt, a teaspoonful to the quart, with fifteen

drops of carbolic acid act remarkably well, producing almost instant relief. He used dynamic pressure for irrigation.

Dr. Ross referred to some of the remedies mentioned by Dr. Chisholm, —picric acid, protargol, argonin, and methylene blue. Also spoke of bichloride instillations for cystitis, particularly when localized near neck of bladder, by Guyon's syringe.

Dr. Chisholm, in closing, said the discussion was profitable. A valuable idea would be to assort different drugs to different members and report at each meeting.

Dr. A. Halliday opened the discussion on "Cholera Infantum," dealing with the etiology and illustrated by original diagrams.

Dr. J. G. MacDougall followed with a comprehensive account of the most advanced ideas of treatment. (Both these papers will be published in another issue.)

Dr. Chisholm said he was very much interested in the able papers read, and although put down on the discussion himself, at this late hour would not detail on the subject.

Dr. Smith stated that over-feeding is most apt to bring on the trouble. Disallow weaning especially in warmer months—child should be most of the time in the open air. In France, rubber tubing of the bottle is disallowed by law. Washing out stomach with tube is much less injurious than the use of emetics. Irrigation of the rectum with catheter introduced twelve inches—as much as a gallon at a time, was recommended. Found the old combination of bismuth subnitrate, aromatic spirits of ammonia, tincture of opium and chalk mixture the best that he has used.

Dr. H. H. McKay in referring to fermentation of carbohydrates spoke of acids being formed, so that if amœbæ flourish in an acid medium, according to Dr. Halliday's statement, carbohydrates should not be given in cholera infantum. After 24 hours he gives expressed meat juice and then albumen water. Also gives lots of water to drink. If it is vomited it will wash out the stomach, if it does not, it will stimulate the kidneys to eliminate it. Also advises irrigation of the rectum. In *Sajous' Annual*, a rod-shaped bacillus is mentioned, which flourishes in alkaline media.

Dr. Hayes would like Dr. Halliday to examine the sediment in a pitcher of milk left after pouring the milk off. It consists chiefly of dust from the cow's bag.

Dr. Halliday, in closing, said that washing out a child's stomach may be good theoretically, but parents would not allow him to pass a tube and wash out. Rectal irrigation sometimes sets up tenesmus which was not present before. If site of disease be limited to small intestine, irrigation will not have the effect we expect—not reaching it. Hints thrown out about water examination were suggestive. Absolutely best kind of food is no food at all—but lots of water. White of egg, combined sometimes, does good. In great pain, morphia will sometimes cure where nothing else does.

Afternoon Session, July 5th.—An invitation from E. J. Lay, principal of schools, was read, inviting Society to inspect school and system of heating.

The President then introduced Dr. James Bell, of Montreal, to deliver the address in surgery, his subject being "Some Observations on the Treatment of Cancer of the Breast."

Dr. Farrell, commenting on the excellent paper given by Dr. Bell, had much pleasure in moving a vote of thanks to Dr. Bell. He could not have chosen a better subject, on account of the prevalence of cancer in Nova Scotia, especially cancer of the breast. Urgency of early and thorough operation most important. This ought to be fixed in the minds of every practitioner. Microscopic examination is more liable to make a malignant growth benign, than *vice versa*.

Dr. J. J. Cameron said in a disease so common and so difficult in its etiology, he was delighted to hear Dr. Bell's paper. The difficult point is to know what tumor is to become malignant—impossible to diagnose generally malignant from benign tumor of the breast in early stage. The person who discovers etiology of cancer and treatment to abort cancer will be a great benefactor to the human race. We are under a great debt of obligation to Dr. Bell for coming such a distance to enlighten the Society?

Dr. McMillan said the point was this, what would we do if the case were in our own family.

Dr. J. Stewart had listened with great interest to Dr. Bell's paper. Would hardly go so far as Dr. Farrell in removing the whole breast, and of course clear out the axilla in all doubtful cases. Sometimes tumors, impossible to diagnose from malignant, with enlarged glands, have disappeared in time. In these cases would cut and examine under microscope. Of course sometimes mistakes are made as in sarcomatous growth but in scirrhus not liable to make a mistake.

Extensive operation and removal of extremity he concurs with, but only necessary in a small proportion. Wished to add to remarks made in recognition of Dr. Bell's kindness in coming here.

Dr. Chisholm advised in early suspicious cases, early removal of tumor—not of whole breast, and subjecting it to careful microscopic examination.

Dr. DeWitt said that 25 years ago used to remove tumor alone without removal of glands and tumor invariably returned. Concurred in thanking Dr. Bell for his paper.

Dr. Murphy thought we were too conservative; far rather make the mistake of removing a healthy breast than leave a diseased one and have the patient die.

Dr. J. F. Macdonald said, if cannot make a diagnosis don't hesitate—better sacrifice breast than risk the patient's life.

Dr. Ross asked Dr. Macdonald his experience with thiosinamine in cancer of the breast.

Dr. Macdonald used it in only one case—advised removal, but was not followed up; it certainly relieved pain. Good results in cancer of the stomach; is worth while trying if you have not used it.

The President put vote of thanks—standing vote, to Dr. Bell for his excellent paper and personal sacrifice in coming from Montreal.

Dr. Bell said the Society was too kind—only too glad to come. Much pleased to hear the views of others on the subject.

Dr. MacQueen brought a case before the Society for diagnosis: a boy, 19 years old whose neck began to swell eight or nine months ago, without any breaking down.

Dr. Bell, being called on for his opinion, considered it tubercular.

Dr. John Stewart opened the discussion on "Prostatic affections," giving a most interesting lecture on the anatomy and pathology of the prostate, illustrated by excellent diagrams. The inflammatory conditions, tumors and hypertrophy were separately dealt with, and the different forms and causes of hypertrophy referred to.

Dr. Farrell limited his remarks to the treatment of hypertrophy. The symptoms were mentioned until trouble begins, when the urine becomes infected with germs—decomposition and inflammation ensue. The patient should avoid alcohol and exposure to cold, while sexual rest was very important. Thinks surgical treatment is too radical when patient first consults him—especially regarding use of catheter which is liable to be begun too early. May use catheter for a while and some-

times patients resume power over bladder. When catheter life has set in—what should we advise? Castration is now practically put aside. Removal of middle lobe should be done with considerable hesitation : had done two cases with fair results. Bottini operation is a radical one and there is considerable danger. In cases where cystitis is present, difficult catheterism and septic urine—would advise supra-pubic cystotomy and draining by a rubber tube, letting the usual route alone. Two cases mentioned who are now feeling comfortable and well. In one sexual power markedly increased since the operation and propulsion of urine became much easier.

Dr. MacMillan related a case of suprapubic cystotomy he had done some years ago.

Dr. T. J. F. Murphy gave a resumé of the different operations advocated for prostatic hypertrophy. Castration, vasectomy and ligation of the spermatic cord, of late have lost their popularity. In Miculicz's clinic twenty-four cases were operated on by one or other of the above procedures. The majority were not improved and there were five deaths. There was often temporary improvement—possibly due to the rest and treatment of the cystitis. Motz states that only grandular hypertrophy is relieved by orchidectomy and that bilateral vasectomy will produce slow atrophy. The operation of Nicoll, of Glasgow, for enucleation of the prostate, was described, the method of Alexander, of New York, being much the same. Keyes states that he can reduce the size of the prostate by the administration of urotropine, 75 to 80 grains daily. He gives it in soda or vichy water.

Bottini's operation consists of galvano-caustic incision of the prostate. It was brought to its present state of improvement by Freudenburg. The operation is done under cocaine and requires less than five minutes. Rydygier does not think that Bottini's operation is entirely free from risk, and says that death may be caused by sepsis.

Willy Meyer strongly advocates the operation. He has employed it in twelve cases, six cured, two greatly improved, four fatal, two from causes independent or remote from operation. Meyer advises every patient with an uncomplicated hypertrophy to submit to the operation, and says if the prostate is very large and soft, ligation of the vasa deferentia should be done several weeks before cauterization, to lessen the danger of thrombosis.

Bottini has never observed a recurrence. Meyer says in a series of fifty-seven cases operated on by Bottini, thirty-two were cured and

eleven greatly improved. Of one hundred and sixty-four cases reported eighty were cured, forty-four improved, twenty-nine were not improved and fourteen fatal.

With regard to the tabulated results which have thus far been published—Bottini reports eighty cases operated upon, two deaths. The eighty cases operated upon are divided into two groups—fifty-seven were operated upon with his old instrument, which charred and burned the entire prostatic urethra and which he has now abandoned. Of these fifty-seven cases forty-two were successful, thirty-two were cured, eleven improved and twenty-three cases were operated upon with the incisor of which every one was successful. Freudenberg has performed this operation seventy-seven times on sixty-one patients with very satisfactory results. He has tabulated from literature six hundred and eighty-three cases with a mortality of $4\frac{1}{4}$ to $5\frac{1}{2}$ per cent., and $6\frac{1}{3}$ per cent. of unfavorable results, 88 per cent. good results; about $\frac{2}{3}$ this number cured, $\frac{1}{3}$ improvements. He advises performing the operation with the bladder filled with sterile air and applies the blade nearly white hot. We should not be satisfied with unfavorable results or half results, but should repeat the operation later if necessary. Unfavorable results are usually due to imperfect removal of the obstruction to micturition.

Dr. J. W. MacKay said the medical treatment in prostatic affections did not amount to much. Anaphrodisiacs were sometimes of value, and also ergot, hamamelis and gelsemium. Bicycling and horse-back riding should be avoided.

Dr. J. Ross showed a number of instruments used in connection with prostatic affections and explained the methods of using each. Among these were Swinburne's instrument for massage of the prostate, Kollman's posterior dilator, Guyon's syringe and different forms of prostatic catheters.

Dr. Bell being called upon, said he agreed with Dr. Farrell regarding delay of catheter life as long as possible. Too often residual is urine carried off too soon. If considerable residual urine—get him to use catheter with strict asepsis. Suprapubic incision is valuable for drainage and cure of cystitis, where catheter could not be passed, while afterwards often can pass it with ease. He considers castration has passed into history. Bottini's operation does not commend itself to him. The incisions do not make much more room for the urine; they are traumatisms exposed to septic influences. Only in cases where there is bad

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cystitis, difficulty in passing a catheter and hæmorrhage would he advise prostatectomy ; even in these cases catheterization is more or less necessary afterwards. Does not think mortality of prostatectomy is so large as has been stated to-day, while Bottini's operation has been practised in comparatively sound men—not the same class of patients.

Dr. H. H. McKay then read the history of two interesting cases (*a*) Myxœdema, (*b*) Diabetes (?).

Dr. J. F. Macdonald found giving bismuth subnitrate with thyroid that it does better.

Considerable discussion took place on the last case.

Evening Session, July 5th.—Dr. W. H. Rockwell read his paper on "Obstetrical Reports."

Dr. Hewson referred to one of the cases mentioned by Dr. Rockwell. There was œdema of legs and face and urine was one-half albuminous. She had been pregnant three times, the third time kidneys would not act, there was also some hæmorrhage and she was delivered but she sank and died. Another fatal case was also mentioned.

Dr. Putnam mentioned a case which developed albuminuria in the seventh pregnancy: put on milk diet—no improvement. Eyes became affected—albuminuric retinitis; advised premature labor. Meanwhile called to another case ; found her semi-unconscious and eyesight also affected. Succeeded in dilating the os and getting rid of the child, then hastened to the first case ; both recovered.

Dr. Cameron referred to a similar case with albuminuric retinitis. Would like to know if anything can be done for the retinitis.

Dr. Muir said there were no more troublesome cases than puerperal eclampsia ; most fatal occurring after labor. Pilocarpine was the most successful remedy with him. It produces dilation of the os and lubricates it. He referred to one recent case which became insane. There's a peculiarity of some families to puerperal eclampsia. He thinks Dr. Rockwell's treatment is the general routine treatment. In some cases bleeding is good. Should carry with you morphia, pilocarpine tablets and chloroform.

Dr. Halliday said in puerperal albuminuria there were three conditions: (1) albuminuria, (2) prevalence of post-partum hæmorrhage, (3) eclampsia or insanity. Where (2) is present, generally considerable œdema and albuminuria in time, either slight or in considerable quantity. Nothing he is afraid of more than post-partum hæmorrhage, and especially when œdema of legs and face is present. One case where hæmorrhage was alarming, flowing on the floor ; ran out and got a

handful of snow and inserted it into uterus with good effect. Patient was confined twice with no trouble until ten days after last delivery she became a raving maniac and is now in the asylum.

Dr. J. F. Macdonald had four cases of puerperal eclampsia and used pilocarpine with good effect. One patient took a tablespoonful of chloroform by mistake, instead of chloral mixture, and she recovered.

Dr. Kennedy wished to emphasize the use of pilocarpine—not only before but after delivery.

Dr. MacMillan mentioned a case recently seen, a primpara, seven months gone, suddenly developed much albumin but no swelling: coma was so profound frightened to give pilocorpine: patient died.

Dr. Murphy asked Dr. Kennedy what dose of pilocarpine he used and how often.

Dr. Kennedy said one-third of a grain and repeated till profuse diaphoresis ensues.

Dr. Goodwin used two drops of croton oil and five grains of calomel with sugar of milk every two or three hours till bowels act. Formerly would always deliver, but recently changed his mind as he thinks it makes matters worse.

Dr. H. H. McKay referred to a case who was unconscious, gave pilocarpine and she soon became delivered, though she remained partly unconscious for three days.

Dr. J. W. McKay said he never saw these cases delivered forcibly at the Rotunda Hospital and pilocarpine was not given—that was some nine years ago. Chloroform, chloral and steaming with hot air were used.

The President said it was peculiar that the experiences of men with drugs are so different. His experience showed some endemic influence to work. In Stellarton, where he first practised, had several cases—all recovered: then in the Mississippi valley had a number of cases with a like result. Since practising in Pugwash for past twenty-two years only had two cases—both recovering. Never did anything further except to assist nature. It seems was if there is something in the locality.

Dr. Putnam believed there was something in the President's idea: for instance, in Yarmouth, puerperal eclampsia is quite common. Would like to answer Dr. Cameron concerning albuminuric retinitis. The indications were to produce labor at once as it is liable to go into chronic retinitis with bad results—chronic albuminuria and death.

Dr. Muir read from the minutes of the Society some years ago where Dr. Buckley read a paper in which he said albuminuria was more prevalent in the cider season.

Dr. W. Huntley Macdonald referred to the only fatal case he ever had in confinement.

Dr. Murphy referred to accouchment forcé with tearing of uterus in two cases. Now believes it better to leave confinement go on.

Dr. Rockwell, in closing, said he was always afraid of pilocarpine and at all events would only give it in small doses. The non-elimination of the poisons causes the eclampsia and the albuminuria—the latter not causing the eclampsia. The pregnancy causes the albuminuria which may continue as Bright's disease. If the albuminuria does not soon improve, he delivers, no matter at what stage.

Dr. Goodwin moved the President's address be published in the lay press. This was seconded by Dr. Kennedy.

Drs. Ross and Rockwell spoke against it.

Dr. Muir explained it would be published anyway in the Maritime Medical News and the Montreal Medical Journal.

Dr. Goodwin then withdrew his motion.

Dr. Putnam moved a vote of thanks be extended to the Cumberland County Medical Society for their kindness to the visiting members.

Dr. Kennedy had much pleasure in seconding the motion and did so heartily.

The motion was put and carried unanimously.

The President accepted with good grace the vote passed by the Society.

Dr. Cameron moved a vote of thanks to the President and Secretary for the very efficient manner in which they carried out their duties.

Dr. Ross seconded the motion.

Motion put and carried.

The President replied in suitable terms and thanked all for their assistance.

The Secretary also thanked the members. It gave him great pleasure in being Secretary of the Society, though there is no small amount of work. Would ask all in the future to kindly answer his letters.

Dr. J. W. McKay moved, and Dr. Murphy seconded a vote of thanks to all railways for reduced rates.

Dr. J. F. Macdonald objected, as it was a commercial transaction.

Motion put and carried.

The meeting then adjourned.

Obituary.

Dr. S. G. A. McKeen.—The death of Dr. S. G. A. McKeen occurred at Baddeck, C. B., on June 16th, in the 72nd year of his age. Dr McKeen was born at Mabou, educated at Acadia College and received his medical degree at Harvard University. He first practised at Mabou remaining there for ten years, when he removed to Baddeck, which was in 1860, and where he had since resided. He was the oldest practising physician in eastern Nova Scotia. Probably no practitioner in the days gone by had a more extensive area to visit his patients, while at that time most of the roads—to say the least—were in a very bad state. He was the member of different medical societies, and was the first vice president of the Medical Society of Cape Breton County, and coroner for Victoria County. Dr. McKeen was married twice and had fourteen children, one of whom is Dr. George McKeen who is now practising in Victoria County. The deceased died suddenly from some affection of the heart.

Dr. Rufino Augustin de Olloqui.—The death of Dr. R. A. de Olloqui, which occurred at his home in Kingston, N. B., on July 3rd removes a physician and surgeon of ability and one who was known and esteemed throughout the country. The deceased was 64 years of age and practised his profession in Kent Co. for over thirty years.

Dr. de Olloqui had an interesting career. Born in Guernica, Spain in 1836, he, when a young man, went to Cuba, studying pharmacy there and subsequently to New York. He studied medicine in Harvard University, Boston, graduating in 1865. He then returned to Cuba. After a short visit he then took passage on the S. S. Roanoke for New York. When on the high seas the vessel was captured by four of the passengers, who compelled the surrender at the point of the pistol, but not without bloodshed, for the captain and two officers were shot for resisting. The captors subsequently proved to be officers of the Southern Confederacy. The crew were put in irons. At Bermuda all were paroled. Being then unable to obtain coal there the vessel was burned by those who had seized it. The remaining passengers then took the only available vessel, a sailing ship bound for Halifax; but they again came to grief, for they were wrecked on the "Three Sisters" Rocks, off that harbor and were rescued with great difficulty.

Dr. de Olloqui again made his way to Boston and joined the 61st Massachusetts Volunteers Infantry as assistant surgeon. This regiment took an active part in the battle of Petersburg, the last of the war, where the Confederate General Hill was killed. The regiment formed part of General Grant's fifth army corps and was present at the surrender of General Lee. After the war Dr. de Olloqui was appointed post surgeon in charge at Johnsonville, Tenn., and later at Arlington Heights Hospital, Washington, D. C.

After his discharge he took a post graduate course in medicine at Edinburgh, Scotland, where he was the guest of Sir James Simpson, the discoverer of chloroform. Later going to Paris he studied diseases of the eye under Desmar. Returning to America he commenced the practice of medicine in Richibucto, N. B. He married Miss Jennie Sutherland, third daughter of James Sutherland, Pictou, N. S. Dr. de Olloqui leaves a wife and eight children.

Matters Personal and Impersonal.

Dr. T. G. Roddick, professor of surgery at McGill University, Montreal, shares with Sir William Hingston the honor of receiving the honorary degree of Fellow of the Royal College of Surgeons of London. These two gentlemen are the first Canadians to be thus distinguished.

The month of June had as usual a number of weddings, in which some of our brother practitioners took part.

Dr. G. F. Dewar, of Southport, P. E. I., and Miss Marion McLeod, of Charlottetown, were united in marriage in the early part of last month and passed through Halifax on their honeymoon.

Dr. R. L. Murray, of Springhill, was married on June 28th to Miss Isabella Mumford, formerly head nurse at the Cottage Hospital, Springhill, and a graduate of the school for nurses at the Victoria General Hospital.

Dr. M. A. B. Smith, of Dartmouth, and Miss Katherine F. Prescott, were married at Christ Church, Dartmouth, by Rev. E. P. Crawford, assisted by Rev. F. Wilkinson, on the 25th inst. After the ceremony the guests, who numbered one hundred and fifty, drove to "Hazelhurst," the beautiful residence of J. Walter Allison, Esq., brother-in-law of the bride. The house was tastefully decorated for the occasion and one and

all thoroughly enjoyed the good things provided. Dr. and Mrs. Smith will have an extended trip before returning to Dartmouth.

To all the couples the NEWS offers its sincere congratulations and best wishes for continued happiness.

We regret to hear of the illness of Dr. James MacLeod, of Charlottetown, who is one of the editors of this journal. It is to be hoped he will soon be restored to his former good health.

SANMETTO IN PROSTATITIS AND CYSTITIS.—Dr. F. R. Dobson, of New Orleans, La., late surgeon on U. S. A., writing, says: "While surgeon in First Division Hospital, stationed at Jacksonville, Fla., I had occasion to see an interesting case of prostatitis treated with Sanmetto, with entire success. The patient was a private in the Second Nebraska Vol., and his condition upon entering the hospital was deplorable, the bladder being distendod with urine, the overflow dribbling constantly. His condition was traceable to gonorrheal infection. Since my return to New Orleans I treated with Sanmetto a case of purulent cystitis, which had resisted all other treatment. The result of the taking of one bottle of Sanmetto was permanent relief."

AN AMERICAN REMEDY IN IRELAND.—The Antikamnia Chemical Company have forwarded to us from their London House, No. 46 Holborn Viaduct, samples of their five-grain antikamnia tablets, and also of their antikamnia and codeine tablets. The former are so well known that it seems hardly necessary to do more than refer to them as an unequalled analgesic. The antikamnia and codeine tablets contain four and three-fourths grains of antikamnia and a quarter of a grain of codeine. This is a valuable combination, the synergetic effects being all that could be desired.—Extract from *Dublin Medical Journal*, March, 1900.

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